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JUN 2 9 2006

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FACSIMILE TRANSMITTAL SHEET

To:

Examiner Natalie R. Pous - Group Art Unit: 3731

FIRM/COMPANY:

U.S. Patent and Trademark Office - Mail Stop Amendment

FACSIMILE NUMBER:

(571) 273-8300

CONFIRMATION

TELEPHONE:

(571) 272-6140 (Examiner)

FROM:

Anne Marie Leavy-Ghazi for Edward J. Lynch

DIRECT DIAL:

415.957.3017

DATE:

June 29, 2006

USER NUMBER:

5121

FILE NUMBER:

Docket No. R0368-03100

TOTAL # OF PAGES:

(INCLUDING COVERSHEET)

18

MESSAGE:

Attached is an Amendment and Response to the Office Action mailed 3/31/2006 in connection with patent application Serial No.

10/718,222, filed November 20, 2003.

Please confirm receipt of this facsimile.

NOTE: Original will NOT follow

CONFIDENTIALITY NOTICE

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JUN 29 2006

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE									
In re the application of Burbank et al.					Examiner: Natalie R. Pous				
For:	UTERINE ARTERY OCCLUSION DEVICE WITH CERVICAL RECEPTACLE) Group Art Unit: 3731)				
Seria	l No.: 1	0/718,222)						
Filed: November 20, 2003					<u>TRANSMITTAL</u>				
Atty. Docket No.: R0368-03100									
CERTIFICATE OF MALLING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8 I hereby certify that these papers are being sent by facsimine to (521/2/3-8300, addressed to Examiner Natalic R. Pous, Mail Stop Amendment, Commissioner for Patents, P.O. Box 1838, Alexandria, VA 21:13-1380, on June 29, 2006, in San Francisco, CA. Anne Marie Leapy-Ghazi									
Mail Stop Amendment									
Commissioner for Patents P.O. Box 1450									
Alexandria, VA 22313-1450									
Dear Sir:									
1. Transmitted herewith for filing in the above-identified patent application is an <u>Amendment</u> and <u>Response to Office Action Mailed 3/31/2006</u> .									
2.	Claim Fee Calculation								
	X No additional claim fee is required.								
	Amendment increases number of claims or multiple dependencies.								
	Additional Claim Fee Calculation Description Fee Code Claims Extra Rate Fee								
		Description	Fee Code 2201	Claims 4 - 4 =	Extra 0 x	Rate \$100 =	\$-0-	1	
		Independent Claims Total Claims	2202	32 - 42 =	0 x	\$25 =	\$-0-	1	
		TOMI CIRIIIS	2202	32 - 42		ees Due	<u> </u>	J	
3	3. Payment of Fees								
٠.	Enclosed is a check for the total fees due in the amount of								
	X The Commissioner is authorized to charge any additional fees and to credit any								
	overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to								
Deposit Account No 04-1679, referencing Atty. Docket No. R0368-03100.									

Registration No. 24,422

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JUN 29 2006

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner: Natalie R. Pous In re the application of Burbank et al. Group Art Unit: 3731 **UTERINE ARTERY OCCLUSION DEVICE** WITH CERVICAL RECEPTACLE Serial No.: 10/718,222 AMENDMENT AND RESPONSE TO OFFICE ACTION MAILED Filed: November 20, 2003 03/31/2006 Docket No.: R0368-03100

CERTIFICATE OF MAILING FURSUANT TO 37 C.F.R. §1.8

I hereby certify that this correspondence is being transmitted by facsually to (571) 273-8300, Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 1430, Artn: Natalie 8. Posson.

By June Y and Lewy. Grand.

Mail Stop Amendment **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed March 31, 2006, please amend the above-identified application as follows.